

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1												
2													
3													
4													
5	1												
6													
7													
8													
9													
10		2											
11	1												
12	1												
13	1												
14		1											
15	1												
16		5											
17		5											
18		5											
19		5											
20	1	5											
21	1												
22	1												
23	1												
24		1											
25		1											
26		1											
27		1											
28	1												
29		5											
30		5											
31		7											
32		7											
33		4											
34		4											
35		2											
36		2											
37		4											
38		4											
39		4											
40		4											
41		4											
42	1												
43		①											
44		②											
45		③											
46		④											
47		⑤											
48		⑥											
49		⑦											
50		⑧											
TOTAL IND.	11												
TOTAL DEP.	109												
TOTAL CLAIMS	120												

28
21
18
3
70
50
120

74
28
18
3
21
70
50
120